

## WINTER BASKETBALL PROGRAMS

**Sports Team: 240-777-6961**

### INSTRUCTIONAL BASKETBALL

#### GRADES 1-2

Separate leagues for boys and girls per grade.

The Non-competitive league for beginners emphasizes basic skills and fundamentals of basketball, fun and good sportsmanship. Teams play low key inter-squad scrimmages at home and away locations. Team standings are not recorded.

Teams are assigned to the closest available gym. Includes up to four practices at the location and time you are placed. Up to four scrimmages may be played at alternate sites, at varying times, but on the assigned day.

Players who register as individuals will be assigned to teams as space allows. Placement of individuals on a team is contingent on sufficient registration to form a team and recruitment of a volunteer coach.

Individual registration deadline: Thursday December 1, 2005.

To register a preformed team, you must call 240-777-6886 for a coach's packet, then submit an official roster with registration forms and payment for a minimum of eight players and a maximum of ten players from the same private school or MCPS elementary school district, and a volunteer coach. Team registration deadline: Thursday December 1, 2005.

NOTE: MCRD reserves the right to add players to rosters with fewer than the maximum.

After teams have been formed, coaches will contact players on or before December 13, 2005 to confirm location. Practices begin the weekend of January 7 and January 8, 2006.

FEE: \$59.00 Per Player (County residents)  
\$69.00 (Non-County residents)

Fee includes eight one-hour sessions, team shirt and individual participation certificate.

Instructional teams scheduled hourly as follows:

Saturdays 8:00am-7:00pm

Sundays 12:00noon-7:00pm.

#### Registration Information

MCRD accepts checks, Visa or MasterCard. Please, NO CASH.

Make check or money order payable to: Montgomery County Department of Recreation. Checks must have name, current address, phone number and driver's license number written or printed on check. Please submit a separate check, Visa or MasterCard payment and separate registration form for each child, in each sport. Complete each registration form fully and legibly. Registrations are not accepted by phone. You may fax a registration with a valid Visa or MasterCard number, expiration date and signature to 240-777-6915 for Instructional Basketball, Grades 1-2. Please Note: Non-County residents add \$10.00 per Player.

The Department of Recreation reserves the right to pursue all available options to collect any funds owed as a result of a dishonored check or any outstanding debt. Refund requests must be submitted in writing and are subject to a \$10.00 cancellation fee.

**Registrations** are not accepted by phone. You may fax your registration with a valid credit card number, expiration date and signature to 240-777-6915 for Instructional Basketball, Grades 1-2.

Prompt registration is necessary, teams may fill early! If you would like your child to be on a team with another child or be assigned to a specific coach, it is essential that you indicate your request on the registration form. Requests are not guaranteed.

**Deadline:** Thursday December 1, 2005 (Grades 1-2).

Each team must have a volunteer coach in order to participate.

\*MCRD reserves the right to cancel any program due to lack of volunteer coaches or insufficient registration. Combining locations and/or grades to form teams may be necessary. Make up games may be played on weeknights. Please Note: Neither the coach nor the facility staff is responsible for children before or after scheduled program times.

**Financial Assistance/Scholarships Available:** We welcome your child's participation. Individuals requiring financial aid are encouraged to make us aware of your needs prior to registration so we may effectively serve you. Evidence of need required. Annual Family credit awarded for use at your discretion upon approval. No co-payment required.

**Special Assistance:** Montgomery County Government is committed to complying with the Americans with Disabilities Act (ADA). If you child is receiving special education services, and may need support, please call 301-468-4540 and speak with a Therapeutic Recreation Specialist at least ten days prior to the start of the program.

**Withdrawal Policy:** This withdrawal policy pertains to all Recreation Department programs unless otherwise noted in the program description or facility rental agreement. You may elect to receive a credit on your Recreation account for future programs or a refund which may be subject to a withdrawal fee equal to 20% of the program cost.

1. If your written withdrawal request is received more than seven days before the start date of the program, you will receive a full credit to your Recreation account. A refund of credit is subject to a fee equal to 20% of the program cost.
2. If your written withdrawal request is received seven days or less before the start date of the program, you will be charged a withdrawal fee equal to 20% of the program cost for a credit or a refund.
3. If your written request is received on or after the start date of the program, your credit will be pro-rated based on the date the request is received in addition to the 20% withdrawal fee. No credit is given for previous program days missed. No withdrawal requests will be considered after the last scheduled date of the program.
4. If the Department cancels a program, changes a location or time and you can not attend, or the program is full, you will receive a full credit or refund.
5. You may process your own withdrawal online more than seven days before the start date of the program (no withdrawal fees) at [recweb.montgomerycountymd.gov](http://recweb.montgomerycountymd.gov).

Mail your written withdrawal request to Montgomery County Recreation Department, Attention: Refund Request, 4010 Randolph Road, Silver Spring, MD 20902; or fax to 240-777-6857; or email to [rec.refund@montgomerycountymd.gov](mailto:rec.refund@montgomerycountymd.gov). This request must include the participant's name, payer's name, address, phone number, course number, reason for withdrawal, and specify credit or refund.

All refunds will be issued to the payer in the same form (check or charge) as the payment was received. Refunds will be processed within 2-3 weeks of receipt of your written request.

### Instructional Youth Basketball

139017	1st Grade Boys	Saturday North	Male
139018	1st Grade Boys	Saturday West	Male
139019	1st Grade Boys	Saturday East	Male
139020	1st Grade Girls	Saturday North	Female
139021	1st Grade Girls	Saturday West	Female
139022	1st Grade Girls	Saturday East	Female
139023	1st Grade Boys	Sunday North	Male
139024	1st Grade Boys	Sunday West	Male
139025	1st Grade Boys	Sunday East	Male
139026	1st Grade Girls	Sunday North	Female
139027	1st Grade Girls	Sunday West	Female
139028	1st Grade Girls	Sunday East	Female
139029	2nd Grade Boys	Saturday North	Male
139030	2nd Grade Boys	Saturday West	Male
139031	2nd Grade Boys	Saturday East	Male
139032	2nd Grade Girls	Saturday North	Female
139033	2nd Grade Girls	Saturday West	Female
139034	2nd Grade Girls	Saturday East	Female
139035	2nd Grade Boys	Sunday North	Male
139036	2nd Grade Boys	Sunday West	Male
139037	2nd Grade Boys	Sunday East	Male
139038	2nd Grade Girls	Sunday North	Female
139039	2nd Grade Girls	Sunday West	Female
139040	2nd Grade Girls	Sunday East	Female

#### West County Locations

	Starting Date	
Bannockburn ES	1/7	Sat
Bannockburn ES	1/8	Sun
Chevy Chase ES	1/7	Sat
Luxmanor ES	1/7	Sat
Chevy Chase ES	1/8	Sun
Potomac ES	1/7	Sat
Potomac ES	1/8	Sun
Luxmanor ES	1/8	Sun
Rock Creek Forest	1/7	Sat
Wyngate ES	1/7	Sat

#### East County Locations

	Starting Date	
Brooke Grove ES	1/8	Sun
Greencastle ES	1/7	Sat
Rock Creek Valley ES	1/7 or 1/8	Sat/Sun
Kemp Mill ES	1/7	Sat
Pine Crest ES	1/7	Sat
Flower Valley ES	1/7 or 1/8	Sat/Sun
Sherwood ES	1/7	Sat
Woodlin ES	1/7	Sat

#### North County Locations

	Starting Date	
Damascus ES	1/7 or 1/8	Sat/Sun
Darnestown ES	1/7 or 1/8	Sat/Sun
Dufief ES	1/7 or 1/8	Sat/Sun
Flower Hill ES	1/7	Sat
Flower Hill ES	1/8	Sun
Germantown ES	1/7	Sat
Germantown ES	1/8	Sun
Jones Lane ES	1/8	Sun
Poolesville ES	1/7 or 1/8	Sat/Sun
Stedwick ES	1/7 or 1/8	Sat/Sun
Travilah ES	1/7 or 1/8	Sat/Sun

# Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated. Complete a separate form for each child.

PAYER'S: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

PARTICIPANT'S: Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (if under 18 years) Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	League	Course #	Region/Day	Fees*
Sample Doe, John	7-4-93	M	Barnsley ES	5	Baseball Pee wee		West Sun/Wed	59.00

Nearest MCPS Elementary School: \_\_\_\_\_

Requested Coach/Team: \_\_\_\_\_

Special Request: \_\_\_\_\_

I am volunteering as: ☐ Coach ☐ Co-Coach

\*If you are a non-resident, include an additional \$10.00 per participant in the fee for each activity.

☐ Check or Money Order payable to MCRD, Attn: Sports, Room 301, 4010 Randolph Road, Silver Spring, MD 20902.

☐ Master Card ☐ Visa

Expiration Date \_\_\_\_\_

CARDHOLDER: Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If paying by credit card, you may **fax** your registration form to **240-777-6915**. If you need help completing this form, please call 240-777-6961.

Total Amount Due: \$

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

SPORTS TEAM

# Winter Instructional Basketball

## Grades 1 & 2



**SPORTS TEAM OFFICE**

Montgomery County Recreation Department  
 4010 Randolph Road  
 Silver Spring, MD 20902

240-777-6961

Montgomery County  
**RECREATION**  
 DEPARTMENT

